## **SCHOOL VERIFICATION**

This form is acceptable for both City of Lansing, and MSHDA projects.

Name of Property Owner and/or Tenant:			
Property Address:		Unit #:	
This section to be Regulations require the City of Lansing Development C age or older for determining household eligibility for fed confidence and will be used only for program purposes  I grant the City of Lansing Development Office permiss information. I understand that this information will be k	Office to verify the student sterally funded housing process.	status of househograms. All inform	old members 18 years of ation will be held in status and financial aid
Type or Print Student's Name:	Social Security Number:		dent Number:
Student's Signature		 Date	
This section to be completed by the Student's School  1. Type or print student's name:  2. Full-time Student?  3. Part-time Student?  4. Is student enrolled for the summer months?			
2. Full-time Student?  No Yes  3. Part-time Studen  No No	Yes 4. Is stud	1 🔲	No 🗌 Yes
5. Student's course of study: 6.	Date of enrollment:	7. Anticipated completion date:	
8. Does the student pay for medical insurance? 8b. How much is paid?		8c. How often is it paid?	
I certify that this student is enrolled in this school and understand that any action to deceive, including any false statement or representation; or the fraudulent obtaining of money, real or personal property; or the fraudulent use of an instrument, facility, article, or valuable thing or service used to assist a participant in any federally funded program is punishable by imprisonment and/or a fine.  Name of School:			
Street Address:		State:	Zip Code:
Type or print name of Authorized Representative:  Title of Authorized Representative:		resentative:	Telephone Number:
Authorized Representative's Signature Date			

Please return completed form to: